

**Office of Administration
Commissioner's Office**

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

<i>Client Name:</i> [REDACTED]	<i>Date Enrolled:</i> _____		
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	Car Payment	\$247.76 - \$60 (paid by client) <i>\$187.76</i>	Works 20-24 hrs/wk makes \$330 q 2 weeks. Looking for supplemental job options
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

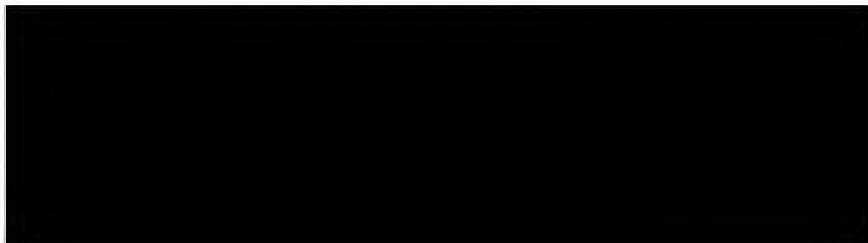
Authorized person requesting purchase: Megan Fengerman

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____

MIDWEST ACCEPTANCE CORP
COUPON NO. 7



ACCOUNT #:



PAYMENT DUE ON

05/20/17 \$247.76

DUDE AFTER

06/04/17 \$260.15

(FOR CUSTOMER USE)

AMOUNT PAID \$.....

THANK YOU